

Department of the Secretary of State **Bureau of Motor Vehicles**

Patty A. Morneault Deputy Secretary of State

David W. Guilmette Director, Office of Investigation & Dealer Licensing

Notice of Lost Dealer Sticker and Request for Replacement Sticker

(also applies to: Loaner, Transporter, and Trailer Transit Plate)

Fee: .50¢ per sticker

| DBA (if applicable): | | Phone Number | r: |
|--|--------------------------|---|---|
| Dealer Address: | | | |
| (Street) | | (City/Town) | (Zip) |
| Dealer License/Plate Num | nber: | Number of Stickers N | Needed: |
| I hereby request a duplica | te dealer sticker for th | e dealership described above. I cer | tify that the original sticker |
| ☐ Lost | | | |
| ☐ Stolen | | | |
| ☐ Mutilated (i.e. | torn, faded, etc.) | | |
| | | ne Secretary of State and mail to the House Station, Augusta, ME 04333 | |
| | | | |
| Or | | | |
| Or Payment may be paid by o | credit card: VISA | ∆ Or ☐ MASTERCARD | |
| | | | |
| Payment may be paid by o | | | Application may be faxe |
| Payment may be paid by of Credit Card Number: Expiration Date: | | | Application may be faxo (207) 624-9126 |
| Payment may be paid by o | | | |
| Payment may be paid by of Credit Card Number: Expiration Date: | | | |
| Payment may be paid by of Credit Card Number: Expiration Date: | | | |
| Payment may be paid by of Credit Card Number: Expiration Date: | | | |
| Payment may be paid by of Credit Card Number: Expiration Date: Card Holder's Name: | | | (207) 624-9126 |
| Payment may be paid by of Credit Card Number: Expiration Date: Card Holder's Name: | | | (207) 624-9126 |
| Payment may be paid by of Credit Card Number: Expiration Date: Card Holder's Name: | | Official Title BMV USE ONLY | (207) 624-9126 |
| Payment may be paid by of Credit Card Number: Expiration Date: Card Holder's Name: | | Official Title | (207) 624-9126 |

101 Hospital Street, #29 State House Station, Augusta, Me 04333-0029 Tel. (207) 624-9000 Ext. 52143 Fax: (207) 624-9126 TTY Users call Maine relay 711